


REMARKS AT A DINNER MEETING OF THE HEALTH RESEARCH COUNCIL OF THE CITY OF NEW YORK*

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 IN a sense we are all working at the impossible, in that we are trying to finish the unfinishable. We are all seeking to find the answers to problems which are concentrated in urban centers. But we have found out that the solution of one problem usually uncovers three others. Moreover, by the time we have solved one problem, there are always others clamoring for our concentrated attention and effort. In short, the more progress we make, the more problems we find.

As we all move faster, work fewer hours, live better—some of us, that is—and live longer—and as more and more people move into the cities—we are confronted with ever more and ever new problems to be resolved by research and by inspiration.

Moreover, the further we go, the more interrelated and interdependent all the problems seem. The problems under study by medical scientists and the problems which are being attacked by the social scientists get closer and closer together, and in very many cases, overlap.

We realize more and more these days that what everybody is studying is *people* and how they live and work—and what happens to them when they do.

Thus, our Health Commissioner, Dr. James, tells me that for a number of years, there have been available all the drugs we need to deal successfully and definitively with venereal disease; moreover, these drugs are relatively inexpensive and easy to administer. Yet, today the rate of venereal disease is rising dramatically and dangerously. It is a health problem. Yet the factors contributing to the rise in the incidence of venereal disease are largely social factors.

Another problem we have come up against in health research is how to produce more, better and more fruitful research. In other words, how do we encourage scientists and science to produce more?

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This might be called the problem of the care and feeding of the scientists. It is a key problem. This too, is, in large part, a social problem.

You all know that I am proud that the Health Research Council was developed during my Administration. I have said this on many occasions. And the City has continued to put up the money for it—a very sizable amount—despite the budgetary pressures we have been under. I am proud of the results. Even if our results were not as spectacular as they are, I would still consider it a most worthwhile expenditure. It is a good use of the taxpayers' money.

It is significant that the largest single grant the Council has made has been in the organizational, and hence social side of medicine—for the welfare-medical care program at The New York Hospital. It may well be that the Council is ahead of other granting agencies in recognizing that learning how to use the products of our research laboratories is as important as producing those products in the first place.

Take a problem like narcotics addiction. Here we need to know much more both medically and socially.

The experts look at this problem from different points of view. Some are concerned with better methods for treating addicts. Others are engaged in studying the chemistry of addiction to learn more about it basically, and perhaps to find some means of interrupting a chain of events so as to prevent or stop it. Others are concerned, as they must be, with enforcing the law and preventing the illicit traffic in drugs.

As Mayor, I have to look at the whole problem which reaches into almost every phase of the life of the City. As you know, we have an estimated 25,000 to 50,000 addicts here, many of whom have come from outside New York City.

Looking at the whole problem, there is, first of all, the addict who is sick and needs care. There is also the rest of the community to be considered and the effect which narcotics addicts have on the rest of us. As I need not tell you, narcotics addiction is a major factor in crime, including prostitution. Addicts often support their habit by stealing. Naturally, they have to sell the goods they steal, receiving on the average one-fifth of their replacement value. Thus, \$50,000 worth of stolen goods are needed to support a yearly supply of \$10,000 worth of drugs. Estimates of the cost of narcotics addiction to the

people of this city are difficult to arrive at, as are figures on any clandestine operation, but a figure of well over a half-billion dollars a year is very conservative. Certainly, many very great health research projects and many schools and hospitals could be supported for what narcotics addiction costs us.

So we have an enormous problem. It is the kind of problem we increasingly face, with its mixture of medicine and human motivations. It is such a tough problem that one is almost tempted to say: If we can solve this, we can solve anything.

Narcotics addiction is one of those problems that some people want to sweep under the rug. It is just too hard to think about. Thus, although we have always been able to obtain substantial federal funds for our venereal disease programs, up to now we have not been able to obtain substantial federal funds for the battle against narcotics addiction. Venereal disease is serious and needs attending to, but its total impact on the community does not begin to match that of drug addiction.

As you know, we, in New York City, are engaged in a major effort against narcotics addiction. That fight is being waged on all fronts—from police work to laboratory research, from the establishment of centers for addicts to studies of addicts in their home situation. In the past, we have not even known who the addicts *were*, or where they lived. We are now compiling a register of them, to which 516 previously unknown addicts were added in May alone. This registration is made possible by the new provision of the Health Code which provides that any person dealing with an addict must register him. Previously, only physicians were required to do so.

I am gratified that the Health Research Council is paying so much attention to the problem of drug addiction. One of the reasons for establishing the Council was to stimulate work on problems of special importance to the city.

Dr. Mirick tells me that a half-dozen projects on narcotics addiction are now being supported by the Council; the results are coming in, slowly, but surely. They range from studies in tissue culture to investigations of what happens to addicts in our society after they are discharged from hospitals. In the laboratory, I am told, certain bacteria have been bred to be resistant to narcotic drugs. Whether this finding will have a practical result we do not know, but it could be one of the

building blocks of information from which future advances may come.

I am particularly encouraged by the emergence of a program here at the Rockefeller Institute in cooperation with the City. I doubt that the average layman realizes how much cooperation there habitually is between City government and our private institutions and resources.

It is not my purpose tonight to describe in detail what will be done at the Rockefeller Institute on narcotics; in fact, many parts of the program must still be ironed out. For nearly a year now, however, a working group on narcotics addiction has been meeting under the leadership of Dr. Vincent P. Dole. Doctor Dole and his associates are working with the laboratories of the Health Department on an extremely sensitive test for the presence of narcotic drugs—a far more sensitive test than we have had before. It is expected that traces of common narcotics can be detected in human beings as long as three days after a single dose, even a very small dose. The test at present must be done in a very well-equipped laboratory, but we hope it can eventually be done with less complicated facilities and by less highly trained personnel.

The test is important for many reasons. Among them is the fact that the average dose of narcotics here in New York—at least, of heroin—appears to be getting smaller. The average dose in New York City contains only about 3 per cent heroin, as compared to 83 per cent in the average dose on the West Coast. One might suppose that the addicts here would simply take a larger amount of the weaker narcotics dose, but Dr. Hess assures me that they do not—at least they do not take enough more to make up for the difference in heroin content. Whether this is a hopeful sign remains to be seen.

We now have an advisory group on narcotics to the Rockefeller Institute, consisting of Drs. Robert F. Loeb, Maclyn McCarty, Samuel Wortis, and Judge John M. Murtagh of the Criminal Court. The Health Research Council has set aside \$100,000 for the first year of the Rockefeller Institute Narcotics Research Unit, and study beds for a limited number of addicts are being set aside at the Institute Hospital. Clinical work is expected to start in January of next year.

I am encouraged, of course, by these advances in the fight against narcotics addiction. I am encouraged because addiction is too costly in money, lives and heartbreak. But I am further encouraged because we are going to learn a lot about other problems by battling against

this one. This is a typical mid-20th Century health problem, not caused by a single germ but involving the very roots of society itself. Narcotics addiction is concerned with economic conditions, with family life, with social ethics and prejudices, and with the way we live. In learning more about it, we shall be learning more about ourselves and our city, and we shall become better prepared to deal with other health problems which, like addiction, seem to spring not from one handy cause, but from a complicated interplay of factors we do not yet wholly understand.

Thus science and progress—or progress in science—march on!

